

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Waterproof scrubbing glove																											
Application Number :																												
Date :																												
First Named Applicant:		Nadia Afi Edoh																										
Attorney Docket Number:																												
TOTAL FEE AUTHORIZED \$ 530																												
Patent fees are subject to annual revisions on or about October 1st of each year.																												
Filing as small entity																												
BASIC FILING FEE																												
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385				Subtotal For Basic Filing Fees: \$ 385													
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EXTRA CLAIM FEES																												
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 4</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td>1</td><td>2203</td><td>145</td><td>145</td></tr><tr><td colspan="3"></td><td>Subtotal For Extra Claims Fees: \$ 145</td><td></td></tr></tbody></table>				Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$	Total Claims : 4	0	2202	9	0	Independent Claims : 1	0	2201	43	0	Multiple Dependent Claims	1	2203	145	145				Subtotal For Extra Claims Fees: \$ 145	
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AUTHORIZED BILLING INFORMATION																												
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																												
Credit account number:		0592																										
Expiration Date (YYYYMMDD):		2004-12-31																										
Authorized name:		Nadia A Edoh																										
Billing address:		01803																										

→ should
be
refund

Adjustment date: 05/03/2004 AIBRAHIM
02/18/2004 EFSPROD 00000004 10708214
02 FC:2203 -145.00 OP

Refund Ref:
05/03/2004 0030015728

Credit Card Refund Total: \$145.00

Master C: XXXXXXXXXXXX0592